

REPORT - HIPAA 834 to ITEIP mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Benefit Enrollment and Maintenance						Multi-Disciplinary Eligibility Determination Team (FRC-case worker at LLA, parents, etc) decides elig & services.	Processing Logic
	ST	Transaction Set Header		R					
	ST 01	Transaction Set Identifier Code	ID3	R				verify "834"	Translation
	BGN	Beginning Segment		R					
	REF	Transaction Set Policy Number		S					
	DTP	File Effective Date		S					
1000A	N 1	Sponsor Name		R					
1000A	N 1	Sponsor Name		R					
1000A	N 101	Entity Identifier Code	ID3	R				verify "P5"-sponsor	Translation
1000A	N 102	Plan Sponsor Name	AN60	S				Put the name of the Local Lead Agency (LLA) here.	Translation
1000A	N 103	Identification Code Qualifier	ID2	R				verify "FI"-Fed TaxID	Translation
1000A	N 104	Sponsor Identifier	AN80	R				Need a Fed Tax ID for LLA	HIPAA Required
1000B	N 1	Payer		R					
1000B	N 1	Payer		R					
1000B	N 101	Entity Identifier Code	ID3	R				verify "IN"-payor	Translation
1000B	N 102	Insurer Name	AN60	S				Hard code "WA DSHS ITEIP" as payer name	HIPAA Required
1000B	N 104	Insurer Identification Code	AN80	R				hard code WA DSHS ITEIP Tax ID or PlanID	HIPAA Required
1000C	N 1	TPA/Broker Name		S					
1000C	N 1	TPA/Broker Name		S					

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1100C	ACT	TPA/Broker Account Information		S					
1100C	ACT	TPA/Broker Account Information		S					
2000	INS	Member Level Detail		R					
2000	INS	Member Level Detail		R					
2000	INS01	Insured Indicator	ID1	R				"Y"-insured is subscriber	Translation
2000	INS02	Individual Relationship Code	ID2	R				"18"-self (insured is subscriber)	Translation
2000	INS03	Maintenance Type Code	ID3	R				"011"-change; "021"-add; "024"-terminate; "030"-roster	Processing Logic
2000	INS10	Handicap Indicator	ID1	S				Required if client is handicapped (Y/N). Default to "N"	HIPAA Required
2000	REF	Subscriber Number		R					
2000	REF01	Reference Identification Qualifier	ID3	R				hard code "0F"-Subscriber	Translation
2000	REF02	Subscriber Identifier	AN30	R	Client	ClientId	int	CID needs RSN # (RUID) to be unique	Translation
2000	REF	Member Policy Number		S					
2000	REF	Member Identification Number		S					
2000	REF	Prior Coverage Months		S					
2000	REF01	Reference Identification Qualifier	ID3	R				"QQ"-prior coverage months	Translation
2000	REF02	Prior Coverage Month Count	AN30	R	ProgramEligibility	EligibilityDate	datetime	Compute number of months since eligibility began.	HIPAA Required
2000	DTP	Member Level Dates		S					
2000	DTP01	Date Time Qualifier	ID3	R				"356"-elig begin; "357"-elig end	Translation
2000	DTP03	Status Information Effective Date	AN35	R	ClientTransition	TransitionDate	datetime		
2000	DTP03	Status Information Effective Date	AN35	R	ProgramEligibility	EligibilityDate	datetime		
2100A	NM1	Member Name		R					

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2100A	NM1	Member Name		R					
2100A	NM101	Entity Identifier Code	ID3	R				"IL"-Insured/Subscriber	Translation
2100A	NM102	Entity Type Qualifier	ID1	R				"1"-Person	Translation
2100A	NM103	Subscriber Last Name	AN35	R	Client	LastName	varchar(50)		
2100A	NM104	Subscriber First Name	AN25	R	Client	FirstName	varchar(30)		
2100A	NM105	Subscriber Middle Name	AN25	S	Client	MiddleName	varchar(40)		
2100A	NM108	Identification Code Qualifier	ID2	S				verify "34"-SSN	Translation
2100A	NM109	Subscriber Identifier	AN80	S	Client	SSN	char(9)		
2100A	PER	Member Communications Numbers		S					
2100A	PER04	Communication Number	AN80	R	Client	Phone	varchar(20)		
2100A	PER04	Communication Number	AN80	R	Client	PhoneExt	varchar(20)		
2100A	N 3	Member Residence Street Address		S					
2100A	N 301	Subscriber Address Line	AN55	R	Client	AddressLine1	varchar(50)		
2100A	N 302	Subscriber Address Line	AN55	S	Client	AddressLine2	varchar(50)		
2100A	N 4	Member Residence City, State, ZIP Code		S					
2100A	N 401	Subscriber City Name	AN30	R	Client	City	varchar(35)		
2100A	N 402	Subscriber State Code	ID2	R	Client	State	char(2)		
2100A	N 403	Subscriber Postal Zone or ZIP Code	ID15	R	Client	Zip	varchar(10)		
2100A	N 405	Location Qualifier	ID2	S				Use "CY"-county	Translation
2100A	N 406	Location Identification Code	AN30	S	Client	CountyDesc	varchar(20)		
2100A	DMG	Member Demographics		S					
2100A	DMG02	Member Birth Date	AN35	R	Client	BirthDate	datetime		
2100A	DMG03	Gender Code	ID1	R	Client	GenderId	char(1)	map "M" to 2, "F" to 1, "U" to 3	Translation
2100A	ICM	Member Income		S					

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2100A	AMT	Member Policy Amounts		S					
2100A	HLH	Member Health Information		S					
2100A	LUI	Member Language		S					
2100A	LUI02	Language Code	AN80	S	Client	LanguageSpokenDesc	varchar(100)	Map standard to local codes	Map Codes
2100B	NM1	Incorrect Member Name		S					
2100B	NM1	Incorrect Member Name		S					
2100B	DMG	Incorrect Member Demographics		S					
2100C	NM1	Member Mailing Address		S					
2100C	N 3	Member Mail Street Address		S					
2100C	N 4	Member Mail City, State, Zip		S					
2100D	NM1	Member Employer		S					
2100D	NM1	Member Employer		S					
2100D	PER	Member Employer Communications Numbers		S					
2100D	N 3	Member Employer Street Address		S					
2100D	N 4	Member Employer City, State, Zip		S					
2100E	NM1	Member School		S					
2100E	NM1	Member School		S					
2100E	PER	Member School Communications Numbers		S					

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2100E	N 3	Member School Street Address		S					
2100E	N 4	Member School City, State, Zip		S					
2100F	NM1	Custodial Parent		S	Contact	RelationshipTypeDesc	varchar(100)	Use contact data where relationship is parental.	Processing Logic
2100F	NM1	Custodial Parent		S					
2100F	NM101	Entity Identifier Code	ID3	R	Contact	RelationshipTypeDesc	varchar(100)	Use contact where relationship type = ?	Processing Logic
2100F	NM103	Custodial Parent Last Name	AN35	R	Contact	LastName	varchar(50)		
2100F	NM104	Custodial Parent First Name	AN25	R	Contact	FirstName	varchar(30)		
2100F	NM105	Custodial Parent Middle Name	AN25	S	Contact	MiddleName	varchar(40)		
2100F	NM108	Identification Code Qualifier	ID2	S				hard code "34"-SSN or "ZZ"-mutually defined	Translation
2100F	NM109	Custodial Parent Identifier	AN80	S	Contact	ContactId	int		
2100F	NM109	Custodial Parent Identifier	AN80	S	Contact	SSN	varchar(9)		
2100F	PER	Custodial Parent Communications Numbers		S					
2100F	PER03	Communication Number Qualifier	ID2	R	ContactPhone	PhoneTypeDesc	varchar(50)	"TE"-phone, "FX"-fax, "EM"-email	Processing Logic
2100F	PER04	Communication Number	AN80	R	ContactPhone	PhoneExtension	varchar(10)		
2100F	PER04	Communication Number	AN80	R	ContactPhone	PhoneNumber	varchar(20)		
2100F	PER06	Communication Number	AN80	S	ContactPhone	PhoneExtension	varchar(10)		
2100F	PER06	Communication Number	AN80	S	ContactPhone	PhoneNumber	varchar(20)		
2100F	PER08	Communication Number	AN80	S	ContactPhone	PhoneExtension	varchar(10)		
2100F	PER08	Communication Number	AN80	S	ContactPhone	PhoneNumber	varchar(20)		
2100F	N 3	Custodial Parent Street Address		S					

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2100F	N 301	Custodial Parent Address Line	AN55	R	ContactAddress	Address1	varchar(50)		
2100F	N 302	Custodial Parent Address Line	AN55	S	ContactAddress	Address2	varchar(50)		
2100F	N 4	Custodial Parent City, State, Zip		S					
2100F	N 401	Custodial Parent City Name	AN30	R	ContactAddress	City	varchar(35)		
2100F	N 402	Custodial Parent State Code	ID2	R	ContactAddress	State	char(2)		
2100F	N 403	Custodial Parent Postal Zone or ZIP Code	ID15	R	ContactAddress	Zip	varchar(10)		
2100G	NM1	Responsible Person		S	Contact	RelationshipTypeDesc	varchar(100)	Use contact data where relationship is legal guardian	Processing Logic
2100G	NM1	Responsible Person		S					
2100G	NM101	Entity Identifier Code	ID3	R	Contact	RelationshipTypeDesc	varchar(100)	map local relationship codes to entity ID code	Map Codes
2100G	NM103	Responsible Party Last or Organization Name	AN35	R	Contact	LastName	varchar(50)		
2100G	NM104	Responsible Party First Name	AN25	R	Contact	FirstName	varchar(30)		
2100G	NM105	Responsible Party Middle Name	AN25	S	Contact	MiddleName	varchar(40)		
2100G	NM108	Identification Code Qualifier	ID2	S				hard code "34"-SSN or "ZZ"-mutually defined	Translation
2100G	NM109	Responsible Party Identifier	AN80	S	Contact	ContactId	int		
2100G	NM109	Responsible Party Identifier	AN80	S	Contact	SSN	varchar(9)		
2100G	PER	Responsible Person Communications Numbers		S					
2100G	PER03	Communication Number Qualifier	ID2	R	ContactPhone	PhoneTypeDesc	varchar(50)	"TE"-phone, "FX"-fax based on phone type	Processing Logic

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2100G	PER04	Communication Number	AN80	R	ContactPhone	PhoneExtension	varchar(10)		
2100G	PER04	Communication Number	AN80	R	ContactPhone	PhoneNumber	varchar(20)		
2100G	PER06	Communication Number	AN80	S	ContactPhone	PhoneExtension	varchar(10)		
2100G	PER06	Communication Number	AN80	S	ContactPhone	PhoneNumber	varchar(20)		
2100G	PER08	Communication Number	AN80	S	ContactPhone	PhoneExtension	varchar(10)		
2100G	PER08	Communication Number	AN80	S	ContactPhone	PhoneNumber	varchar(20)		
2100G	N 3	Responsible Person Street Address		S					
2100G	N 301	Responsible Party Address Line	AN55	R	ContactAddre ss	Address1	varchar(50)		
2100G	N 302	Responsible Party Address Line	AN55	S	ContactAddre ss	Address2	varchar(50)		
2100G	N 4	Responsible Person City, State, Zip		S					
2100G	N 401	Responsible Party City Name	AN30	R	ContactAddre ss	City	varchar(35)		
2100G	N 402	Responsible Party State Code	ID2	R	ContactAddre ss	State	char(2)		
2100G	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R	ContactAddre ss	Zip	varchar(10)		
2200	DSB	Disability Information		S					
2200	DSB	Disability Information		S					
2200	DTP	Disability Eligibility Dates		S					
2300	HD	Health Coverage		S				For ITEIP the coverage is simply Y/N	Processing Logic
2300	HD	Health Coverage		S					
2300	HD 01	Maintenance Type Code	ID3	R				001-change, 002-delete, 021-add, 024-term, 025-reinstate, 026- correction, 030-audit, 032-empl. data not applic.	HIPAA Required
2300	HD 03	Insurance Line Code	ID3	R				"STD"-short term disability	HIPAA Required
2300	HD 05	Coverage Level Code	ID3	S				hard code "IND"-individual	Translation

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2300	DTP	Health Coverage Dates		R					
2300	DTP01	Date Time Qualifier	ID3	R				348-benefit beg, 349-benefit end,	Translation
2300	DTP03	Coverage Period	AN35	R	ClientTransitio	TransitionDate	datetime		
2300	DTP03	Coverage Period	AN35	R	ProgramEligibi	EligibilityDate	datetime		
2300	AMT	Health Coverage Policy		S					
2300	REF	Health Coverage Policy Number		S					
2300	IDC	Identification Card		S					
2310	LX	Provider Information		S					
2310	LX	Provider Information		S					
2310	LX 01	Assigned Number	N06	R				Required if sending providers. Increment from 1 by 1 for 2 provider loops: one for LLA ("Y2"), the other for FRC-case worker ("PCP")	HIPAA Required
2310	NM1	Provider Name		R					
2310	NM101	Entity Identifier Code	ID3	R				Use "Y2"-MCO for LLA (service area agency) and "P3"-PCP for FRC-case worker (staff)	Translation
2310	NM102	Entity Type Qualifier	ID1	R				Use "1"-person with FRC, "2"-Non-Person with LLA (agency)	Translation
2310	NM103	Provider Last or Organization Name	AN35	S	Agency	agencyname	varchar	For "Y2", get client's LLA via service area by: client / serviceareaaid links to serviceareaagency / agencyid where serviceareaagency / isleadagency = 1, which links to agency / agencyname.	Processing Logic
2310	NM103	Provider Last or Organization Name	AN35	S	Staff	LastName	varchar	For "Y2", get client's LLA via service area by: client / serviceareaaid links to serviceareaagency / agencyid where serviceareaagency / isleadagency = 1, which links to agency / agencyname.	Processing Logic

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2310	NM104	Provider First Name	AN25	S	Staff	FirstName	varchar	For PCP-FRC, get staff / lastname via staffclient / staffid via client / clientid	Processing Logic
2310	NM105	Provider Middle Name	AN25	S	Staff	MiddleName	varchar		
2310	NM108	Identification Code Qualifier	ID2	S				Optional standard code, not local code: "34"-SSN, "FI"-taxID, "XX"-NPI	Not Used
2310	NM109	Provider Identifier	AN80	S	ServiceAreaAgency	serviceareaid	int		Not Used
2310	NM109	Provider Identifier	AN80	S	StaffClient	StaffId	int		Not Used
2310	NM110	Entity Relationship Code	ID2	R				Req'd if using segment: "25"-Established Patient	HIPAA Required
2310	N 4	Provider City, State, ZIP Code		S					
2310	PER	Provider Communications Numbers		S					
2310	PLA	PCP Change Reason		S					
2320	COB	Coordination of Benefits		S					
2320	COB	Coordination of Benefits		S					
2320	REF	Additional Coordination of Benefits Identifiers		S					
2320	N 1	Other Insurance Company Name		S					
2320	DTP	Coordination of Benefits Eligibility Dates		S					
2320	SE	Transaction Set Trailer		R					

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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)